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**IN THE  
UNITED STATES  
PATENT AND TRADEMARK OFFICE**

**IN RE APPLICATION OF:** Katefidis

**ATTY DOCKET NO:** OST-031145

**RESPONSE TO  
OFFICE ACTION**

**SER. NO.:** 10/642,401

**FILING DATE:** August 15, 2003

**FOR:** BURNER FOR A THERMAL POST-  
COMBUSTION DEVICE

MAIL STOP: AF  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

**ATTENTION OF:**  
A.U. 3749

**EXAMINER:**  
Basichas, Alfred

Dear Sir:

If any charges or fees must be paid in connection with the following communication, they may be paid out of our Deposit Account No. 50-0545.

This is in reply to the Advisory Action mailed July 19, 2005. In the Advisory Action, the reply period was set to expired four (4) months from the mailing date of the final rejection (i.e., April 1, 2005). Thus, this reply is deemed to be timely since it has been mailed on August 1, 2005.

Please amend the application as indicated below, and please consider the following remarks toward reconsideration and passage to allowance.

Amendments to the Claims are reflected in the listing of claims that begin on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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**34157**  
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**39110**  
**44208**  
**45743**  
**54260**

125/ \$150

further fees should be due at this time.

Based on the above, Applicant submits that the present claims should now be in condition for allowance. Therefore, reconsideration and passage to allowance of all pending claims is respectfully requested.

Should anything further be required, a telephone call to the undersigned at (312) 226-1818 is respectfully requested.

Respectfully submitted,

FACTOR & LAKE, LTD.

Dated: August 1, 2005


  
Micheal D. Lake  
One of Applicant's Attorneys

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Patent Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 1, 2005.

Yolanda Solis

Name of Applicant, assignee, applicant's attorney or Registered Representative

  
Signature

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/642401

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	8 minus 20 =	*
INDEPENDENT CLAIMS	1 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

2-4-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	8	Minus 20	=
Independent	1	Minus 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	770.00

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	8	Minus 20	= 8
Independent	1	Minus 3	= 8
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	7	Minus 20	=
Independent	3	Minus 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

+ (3)(4)(5) 8

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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